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MISCELLANEOUS.

Placenta Previa.

By B. J. WETHERBY, M.D., HUTCHINSON.

The importance of a thorough knowledge of placenta previa—a knowledge which will enable the attendant to act promptly and unhesitatingly at the critical moment—cannot be overestimated, and is my excuse for this brief article and report of a case. Placenta previa is one of the most serious conditions that can befall a woman. At any moment a hemorrhage may occur that may be fatal. Therefore she should be within easy reach of a physician from the time the diagnosis is made. If she resides in the country she should be brought to town, no matter what the sacrifice of money and convenience. If there is a tendency to much hemorrhage, full term should not be waited for. Labor should be induced as soon as the child is viable. Temporizing and allowing repeated hemorrhages to occur is criminal. Having thus defined my position I wish to report the following case and my method of inducing labor and accomplishing delivery:

March 5, 1895, I was called to see Mrs. B., who was about eight months advanced in pregnancy. On the morning of March 5, soon after arising, a sudden gush of blood caused them to call in Dr. Bacon, an excellent physician, who immediately proceeded to tampon the vagina. When he introduced a Sims' speculum a jet of blood spurted up his arm as far as the elbow. However, he securely tamponed the vagina, which en-

tirely checked the bleeding. When I arrived, about four hours later, we removed the first tampons and inserted fresh ones. The os was somewhat patulous at this time, although there had been practically no pains, so we tamponed the cervix thoroughly with iodoform gauze before inserting the cotton ones. After waiting another four hours Dr. Bacon administered chloroform and we proceeded to a rapid delivery. The cervix at this time was soft and easily dilatable. Under complete anesthesia I first worked one finger into the os, bent it upon itself and then withdrew it. Then I repeated the process, using two fingers instead of one, then three fingers, and next the whole hand. Not more than ten minutes are required to dilate the cervix in this manner. I next separated the placenta, which was central, from about two-thirds of its attachment, and it being a vertex presentation I waited a few minutes for the head to engage and act as a tampon; but there being very feeble contractions and the hemorrhage being too free, I brought down the feet and soon delivered her of a large child which, however, made no attempts at respiration, seeming to be asphyxiated. Retraction was good, and the placenta soon followed the child and all abnormal hemorrhage ceased. The mother made a rapid and uneventful recovery. Of course it is needless to say that strict asepsis was practiced throughout.

There are only two points of special interest in the case—the tampon, and the method of producing rapid dilatation. The second tampon was not used for its hæmostatic effect, but for its softening effect upon the cervix. Thoroughly tamponing the cervix with the narrow strip of iodoform gauze not only produced a decided softening effect, but at the same time brought on uterine contractions. Preceded by tampons

in this manner, rapid dilatation of the cervix is a simple and easy matter. I have never had occasion to use any dilator except my fingers in this class of cases; I am sure that if I had not waited for the head to descend, my patient would have been delivered by version in not more than fifteen minutes from the time I began the dilatation.

Rickets.

BY CHARLES S. SHAW, M.D.

Read before the Allegheny County Medical Society, June 18, 1895.

Rickets may be defined as a constitutional disease of infancy and early childhood affecting the whole body, but chiefly characterized by a softening and deformity of the osseous system.

Since the publication of Glisson's treatise in 1650, rachitis, or rickets, has received the attention of so many observers that it now has a very extensive bibliography of its own; but in spite of a large number of investigators there is much concerning the disease that is yet obscure. In this country rickets has not, till recently, received much notice for the reason that it has become common in the United States only in recent years. The cause of its noticeable increase is increased immigration from European countries where it prevails, and the distribution through the northern cities of the American negro which followed the abolition of slavery and the close of the civil war.

The geographical distribution of rickets is not its least interesting feature. It is practically unknown in tropical countries, and is a disease peculiar to the northern temperate zone. But it also has racial preferences. Kassovitz is authority for the statement that eighty per cent. of the children of Vienna are rachitic. It is also very common in northern Italy, France, Germany, Russia, and Great Britain; but singularly, it is rare among the Irish. It is rare, too, in Australia, and essentially absent in China and Japan. The American

negro is very subject to rickets—it may be said that every northern negro child is more or less rachitic. On the other hand, the native African does not suffer from the disease.

It is these peculiar characteristics in geographical and racial distribution that obscures to a degree the etiology of the disease. The common and doubtless correct opinion at present ascribes it to mal-nutrition in the broadest sense of the term. Hence any condition that produces mal-nutrition may be causative of rickets. This includes not only improper and insufficient food (which probably is the greatest agent in its production), foul air, and general unhygienic surroundings, but also congenital weakness and cachexias, stomachic and intestinal maladies, and all wasting diseases.

The view of Parrot, the rickets is always a manifestation of congenital syphilis is untenable. Syphilis, it is true, may cause rickets by producing the state of mal-nutrition favorable to the development of the disease, but it has no specific influence. Vogel's opinion, that the disease always is caused by impure air is also entirely too restricted. Microli, of Naples, claims that the disease is due to pyogenic organisms, and that he has found the staphylococcus and the streptococcus in rachitic bone tissue. Chambier, of Tours, believes it to be due to a specific germ, and that it is contagious and endemic. It is impossible to reconcile these views to the universally observed facts of the disease.

There is another erroneous opinion extant concerning the social status of the rachitic child. The disease is most common among the poor, for with them the conditions that favor its advent most abound; but it is not as rare among the well-to-do as common opinion places it. Mal-nutrition and its follower rickets may and does occur in children of all classes. The greater number of the cases occurs in large cities, particularly manufacturing centers, for obvious reasons; but it also appears occasionally in suburban and rural children. I can find no reason why the Irish are exempt, for the habits and environment of this people do not differ

from those of other nationalities to a degree sufficient to explain their unity. Neither do I know why the American negro should be so universally affected. Whatever may be his other sanitary sins, our colored brother always takes good care of his stomach, and is probably better fed than most others of his social status, so the commonest accepted cause of the disease, improper and insufficient food, does not generally hold with him.

The absence of the disease among the Japanese is credited to the unusual cleanliness of that people, the universal nursing of the children by their mothers, and the free use of oils and fish as foods. The rarity of the disease in Australia is doubtless due, as it previously was in America, to the robust constitutions, active out-door lives, and salubrious surroundings of the colonists. The freedom of tropical countries from the disease is attributed to the out-door life of the people. The far North derives its immunity from the oleaginous diet of the inhabitants.

While all the tissues of the body are more or less affected in rickets, it is upon the bones that the most serious and permanent injury falls. The diseased process may be briefly described as an abnormal elaboration of the cartilaginous or organic part of the bone with a delayed or absent ossification. The normal proportion of earthy to mineral parts in bone, one or two, is sometimes reversed, the organic part being twice as great as the inorganic. The epiphyses of the long bones take on an unusually active cartilaginous growth which results in an enlargement of the extremities; at the same time the bone grows in thickness through the deposit of cartilaginous cells under the periosteum. The usual absorption of bony substances within the medullary canal, which is a step in the normal growth of bone, continues, till in pronounced cases all firmness is lost, and the bone may be cut through with a knife with ease. Essentially the same process takes place in the flat bones. As recovery occurs the earthy or normal deposit replaces the gelatinous substance and the bone becomes firm, though

it retains to some degree its unnatural shape and size. Unusual strength of limb in adult life is not impossible with infantile rickets.

The bones of the cranium are always more or less affected. The edges of these bones, which correspond to the epiphyses of the long bones, take on a cartilaginous growth, they become thickened and the fontanelles remain open. The cranium becomes enlarged and approximates a cubical shape from the prominence of the frontal eminence and the centers of the parietal bones. As the rachitic process advances the bones become soft (craniotabes), and in severe cases may be so deficient in firmness as to permit indentation by the fingers. The spinal column is relaxed and the child, if it is able to sit up, leans forward, simulating kyphosis. The scapulæ do not seem to be much affected, but the clavicles are always thickened and usually bent, the deformity being an exaggeration of the normal curves. The ribs show a beading at the costo-condral junctions, the so-called "rachitic rosary." The deformity known as pigeon breast is one of the common results of rickets. The muscular action during respiration, and the atmospheric pressure, draws the softened ends of the ribs inward, producing a bilateral groove shaped like an inverted v, with the apex at the top of the sternum. The horizontal depression, Harrison's groove, corresponds to the insertion of the diaphragm, and is caused by the action of that muscle.

Of equal importance is the deformity of the bony pelvis, which, in after life, in females, is a source of suffering and danger. The sacrum projects forward because of the weight of the spinal column, and the weight of the body on the femurs when standing, and on the tuber ischii when sitting, pushes the sides of the pelvis inward so that a section shows a trefoil outline instead of the normal cordate shape.

In the upper extremity the humerus is thickened and curves at about the insertion of the deltoid muscle. The lower end of the radius is also thickened and curved. The deformity of the femur, like that of some other long bones, is usually an exag-

generation of its natural curve. The rachitic tibia is bowed forward about the upper part of the lower third. This deformity is the result both of the weight of the foot as the child lies on its back, and the action of the muscles of the calf.

With these changes in the bony skeleton is a relaxation of the ligaments, and a general flabbiness and want of tone in the muscles. The lungs are compressed and contracted, and the heart hypertrophied. The liver and spleen are occasionally enlarged.

The symptoms of rickets vary with the stage of the disease. Before the appearance of the changes in the bones, the infant is peevish and cross. It lies quietly upon its back and evidently dreads to be moved. It cries out when taken up, and will often throw off the bed clothes as though the pressure of them was painful. Though emaciation is not common, there is a general feebleness noted. The head sweats profusely, often soaking the pillow. The appetite is capricious and the sleep is broken. Evidences of gastro-intestinal catarrh are present, and bronchial irritation also usually exists. Doubtless not a few cases of rickets are overlooked by the physician because the bronchial or intestinal malady masks the underlying cause of the illness.

Very soon evidences of bone involvement appear. The English and Continental writers all note the invariable and early beading of the ribs. In my experience the rachitic rosary is not so constantly present, the first sign of bone disease appearing in the radius and tibia. In this country, at least, craniotabes is one of the infrequent conditions.

The same may be said of the neuroses which accompany rickets. While it is probably true that rickety children are more apt to have general convulsions than healthy ones, I believe the liability is greatly exaggerated, the proportion who suffer is small, and in these the spasm may usually be attributed to gastro-intestinal irritation and absorption of toxines. Neither have I found that dangerous neurotic complication, laryngismus stridulus; in fact, the only cases of this spasm I have seen were in children in

which rickets did not exist. It must be that craniotabes, general convulsions, and laryngismus stridulus, only appear in advanced cases, and these are not at all common in America.

One of the invariable symptoms is delayed dentition. The teeth are slow in making their appearance; but, as Carpenter has pointed out, when they do come, they are not imperfect and prone to early decay as is commonly stated, but are usually sound and regular.

The protuberance of the abdomen, and the detection of the lower border of the liver lower down than normal, has led to a common but erroneous opinion that the liver is always enlarged. This organ is affected in but a small proportion of cases. The contraction of the chest pushes the liver lower down in the abdomen, and the general lack of muscular tonicity favors its ready descent. The protuberant is also due to the flabby muscles, and to the presence of gas in the intestines. The production of gas is favored by the intestinal digestion; and its retention is due to the feeble and relaxed muscular coat of the bowel.

Presuming the cause of rickets to be malnutrition, the indications for both its prevention and its cure are evident. Pure air, cleanliness, and especially proper food, are essential. Most cases are due to defective diet, and the defect is usually a lack of fat in the food. If the child is nursed at the breast, the mother's milk will be found to be lacking in the fatty elements; if it is artificially fed, the same want will be demonstrable.

Of medical agents, cod liver oil holds the first place. When it cannot be borne by the stomach, it may be used by inunction with the utmost satisfaction. Indeed, the rubbing and massage incident to this use of the oil is of distinct value. Olive oil or cocoa butter may be substituted for the cod liver oil in inunction, and in my experience these have been equally of value. Kassovitz claims a specific power for phosphorus, which he gives in doses of about 1-125th of a grain dissolved in olive oil.

The correction of deformities in after life

is often feasible by operative measures, but these should be deferred as long as possible, for there is a constant tendency during growth towards natural correction.

A Penny-in-the-slot Doctor.

Medical Record.

The English papers describe a new machine, figured in the likeness of a man, which is provided with slots corresponding to various parts of the body. If one has a headache he has only to insert a coin into the slot in the head, and the machine, after due consideration, hands out a prescription for the evil in question. The machines do not make up medicine, but the address of the nearest druggist is given. It only remains for some enterprising philanthropist to supply London with these machines, says *The Lancet*, and the relief to the overcrowded out-patient department of our hospitals would be marked.

The Final Results in Radical Operations for Reducible Herniæ.

American Journal of Medical Science.

Beresowsky (*Deut. Zeitschr. fur Chir.*) after studying the various methods and describing the one he now favors, concludes his valuable study with the following summary:

1. The indications for operation which during the past year (1892-93) have been held in the Berne clinic, are confirmed by the last 220 operations. The wish of the patient may be considered a sufficient indication, since the mortality is nil and the percentage of relapses is very slight.

2. The size and the age of the herniæ have an influence on the period of recovery and in most cases with regard also to recurrence.

3. The age of the patient, *i.e.*, the laxness of the abdominal walls, influences in no manner the result of the operation or the rapidity of the healing; it has a slightly

greater influence upon the prognosis as regards recurrence. In case of operation for inguinal hernia under the above conditions a relapse of the original hernia is not so frequently observed as a return in some other locality which has no relation to the former area, and is apparently due entirely to the relaxation of the abdominal parietes.

4. Thanks to the good course of the operation and wounds, the operation for oblique inguinal hernia can be performed upon children at an early age.

5. The best method for performing the radical cure for oblique inguinal hernia, the author considers, is the last manifestation of Kocher's method, since, in the first place, it produces not less certain results, as far as recurrence is concerned, than the already best known methods (Macewen, Bassini); and secondly, since this method, on account of the simplicity of its technique and the harmlessness to the patient; if there should be any accident in the process of healing, has decided advantages.

6. In order to prevent recurrences, it is very necessary during the operation to observe the condition of the spermatic veins, and in case a varicocele is ever produced, it should be operated upon as speedily and thoroughly as possible.

7. The wearing of a truss after a properly performed operation, followed by primary union, is entirely unnecessary; since the majority of the patients, laborers, sent out from the clinic remain free from relapse without wearing any form of truss or protection over the wound.

DR. SAMUEL WEST has reported the use of uranium nitrate in diabetes. It was found that it acted as an irritant poison and in small doses interferes with the digestion of starch and albumin. On this basis it was tried in diabetes with the result that the urine was diminished in quantity as was also the amount of sugar. He began with doses of one grain, gradually increasing to twenty grains three times a day. It did not prove curative, however, as the conditions returned on discontinuing the drug.

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Topeka, Kansas, Saturday, Aug. 31, 1895.

Our Insanity Laws.

Innocent people are sometimes convicted and sentenced in criminal courts for crimes of which they were totally ignorant. The rights of individuals are so protected, however, that there must be the strongest kind of circumstantial evidence to secure such a result. A criminal is entitled and can demand representation and an attorney to defend him. The American people are noted for the charitable provisions they have made for the care and protection of the sick and unfortunate. Yet it is an unwelcome fact that better protection is afforded the criminal against an unjust conviction than we have by our present legislation given to those individuals who may be accused of a

crippled mind. With the present laws regulating a trial for insanity it is a great wonder that more abuses of the law are not found. Insane cases are tried by a jury and their verdict is supposed to be given according to the evidence, but unfortunately the evidence is all on one side. It is possible to try an individual for insanity and declare him insane without his being present in court or being informed of the proceedings. It seems to us that right here is a very weak point in our insanity laws. How easy it would be to manufacture evidence and on the pretense of sickness try an individual for insanity whom it was important to dispose of without giving him a hearing or representation. These cases are not common because our probate courts are usually cautious in these matters, and in Shawnee county a case is very seldom tried without an examination and testimony by an expert. But this is not a legal requirement, and in many counties expert testimony is not available. A juror physician is required, but unless the case be present he must depend entirely on the evidence presented, and this is, in the majority of cases, meagre and indefinite. It is possible by presenting alone the peculiarities of a man to make the question of his sanity a doubtful one. The evidences of insanity which present themselves most forcibly to the ordinary intellect are the peculiarities of conduct, and yet there are few individuals who are free from peculiar traits of character. In fact, as Maudsley has said, "In most cases the insanity was bad habits grown to mental deformity." Often the greatest skill is required to tell where the bad habits left off and the mental deformity began.

It is the tendency of lawyers and the court and the function of the jury to take cognizance of the evidence presented, ignoring the opinions and possibilities in the case which have not been heard. The essential point of difference between the trial of a criminal and of an insane person is the entire absence of a defense in the latter case, and this is the point where the danger lies. It seems to us that our Legislature should provide some means of protection whereby

it would be impossible to commit to the asylum an individual until his insanity was proven beyond the question of a doubt. We question the propriety of leaving to the discretion of the court the appearance or non-appearance of the accused before the jury. That discretion when used with caution and judgment might lead to no harm, but there are too many instances of official or judicial prostitution to leave such broad avenues to corruption open. Where it is impossible to bring the accused into court there should be a provision for expert examination and testimony and a representation. We believe a man should be considered sane until he is proven insane, and the court should test the strength of each witness with the same care shown by an attorney for the defense in a criminal case, and as the conservator of the orphaned, the poor and the insane, the court should demand that the prosecution establish their case.

Nuclein in Pulmonary Tuberculosis.

Dr. Reynold W. Wilcox reports his observations on the effect of nuclein in tuberculosis in the *Therapeutic Gazette*. He bases his preference for the use of the defensive proteids or alexins over the antitoxins on the theory that the latter are without doubt dangerous, while the former are harmless. In regard to the effects of antitoxins he quotes the observations of Landois, Darenberg, Hoyem and Lozet, *i.e.*, "that an alien serum—a serum transfused into the blood of an animal of another species—will discolor blood corpuscles, produce small emboli, which consist of the degenerated elements of the blood, the hæmatoblasts, the red and white corpuscles, and even produce congestion of the kidneys and suppression of urine." . . .

On the other hand he claims that nuclein is easily obtainable from the spleen, bone marrow, thyroid and thymus glands, eggs, testes blood, brain substance, and from yeast, and that no untoward results have been produced by its internal administration. Vaugh and McClintock have demon-

strated the immunizing properties of nuclein on rabbits and guinea pigs, against the diplococcus of pneumonia. It is claimed that nuclein protects by stimulating some organ whose function it is to protect the body against bacterial invasion. They have also shown that the germicidal element of blood serum is nuclein, and that its source is the polynuclear white-blood corpuscle. Recent tendency has been to evoke the aid of the white-blood corpuscle in the cure of infectious diseases.

Dr. Wilcox reports extensively the case of a Russian in whom he found all the evidences of a tubercular infection of both lungs. Pulse 110, temperature 101.2°, respiration 28. On December 4 he began the hypodermic use of nuclein, giving 10 minims twice daily and increasing 5 minims each day until a daily dosage of 80 minims was reached, which was on December 16. Temperature was then 98.°, pulse 70 and respirations 22. On January 14 no bacilli could be found in the sputum, and February 1 was reported able to work.

The results of Dr. Wilcox in this one case are certainly very positive, and could it be repeated a number of times there would be sufficient strength in his experience to claim a general support.

Equally as good results may be reported from a number of plans of treatment, but unfortunately these results have not been repeated with sufficient uniformity to promise a very general adoption. The nuclein treatment seems to be based upon scientific reasoning, and if it can be made applicable to all cases must at some time reach a fair degree of perfection. No remedy so far has been found that will reach the well developed cases of tuberculosis; a number have succeeded in giving brilliant results in the incipient forms. We can really claim no success for a remedy until we have demonstrated its curative effect in the well developed disease.

WE have a Yale Chair in first class condition, for sale.

Missouri Musings.

SHAKESPEARE'S SIGNS OF OLD AGE (*King Henry IV., Part ii, Act i.*—A moist eye; a dry hand; a yellow cheek; a white beard; a decreasing leg, an increasing belly; voice broken, wind short; chin double, wit single; and every part blasted with antiquity.

The Kansas City Hospital is now being enlarged to almost double its former capacity, the expense being borne by the city and in spite of the refusal of the county to contribute its share. Thus does the city continue to carry the county in nursing her sick and disabled, and thus does the growth of public charity keep pace with other manifestations of an enlightened citizenship. Some foreigner has truly said of us that none are so intense, so inexorable and rapacious in competition as the Americans while on their feet; but none more sympathetic and charitable for their fellows when they are down.

Other professions revere precedent. Medicine reveres only precept. Many of her disciples thirst for originality and gain only notoriety by some absurd or extraordinary statement.

For example: In the last edition of Potter's *Materia Medica and Therapeutics*, p. 103, we find the remarkable statement that whisky is an essential to modern development.

And Lawson Tait is quoted as saying that "he is fully persuaded after thirty years of life as hard in work and as full of responsibility as well could be, that the moderate use of alcohol is a necessity in our modern life." In other words, to those who shoulder great responsibility whisky strikes the right spot.

This is like the remark of Mark Twain, that for *purely mechanical* purposes, a little whisky tastes good!

Yet in the face of all pathology and precedent the doctrine is illogical and dangerous.

It is a pathological axiom that the effects

of alcohol are comprised in two words—fibrosis and steatosis—cicatricial contraction and fatty degeneration of liver, kidney, heart and brain. True it may stimulate the brain, but it is a narcotic, and in emergencies its effect is not positive but negative. That is, it stimulates by obstructing general perception and shutting the mind away from collateral disturbances, from embarrassment or distracting objects, and permitting it to concentrate itself upon and pursue its particular subject for which it has been previously prepared.

We believe in the sufficiency of man's innate power of development.

That nature, properly disciplined, will suffice for man's work here now and hereafter, without artificial stimulus of any kind.

That concentration and work is its own physiological reward!

That success attained upon alcoholic crutches is but transient and apparent—

"Leaving naught but grief and pain for promised joy."

J. B. C.

The Liver as an Organ of Elimination of Corpuscular Elements.

Dr. Futterer, in the August number of *Medicine*, publishes the report of his investigations on "The Liver as an Organ of Elimination of Corpuscular Elements." By injecting pathogenic micro-organisms into the circulation and into the left ventricle he found that they come to the liver by way of the arterial circulation and are eliminated by the liver into the gall-bladder. They are not destroyed by the bactericidal action of bile, but pass into the intestinal canal, and in the case of tubercle or typhoid bacilli may invade the tissue of the intestine and produce the characteristic changes of tuberculosis or typhoid fever. Relapses occur, he says, from incomplete elimination, which may be due to the formation of lymphatic nodules in the liver which by subsequent degeneration free the bacilli and produce new infection, or he says they may be re-

tained in the gall-bladder by a partial or complete obstruction of the common duct from gastro-enteritis and the removal of this obstruction causes the relapse. He concludes:

1. The liver eliminates germs or corpuscular elements from the blood current.
2. The bile does not destroy germs but allows them to multiply.
3. Relapses of typhoid fever may be caused by typhoid bacilli entering the intestinal canal by way of the ductus choledochus.
4. Tubercular enteritis may be caused in the same way.
5. Diarrhœa in general sepsis may be caused in this way.

A Simple Expedient for the Treatment of Nocturnal Enuresis.

The Times and Register.

Stumpf, in the *Muchener Med. Wochenschrift*, gives an account of a simple and apparently rational expedient which he has successfully adopted in the treatment of nocturnal enuresis, especially in older children. He was led to try it on the basis of the fact that the passage of even a few drops through the sphincter vesicæ excites the action of the detruser to such an extent that the call to urinate becomes almost imperative. It is well known how difficult it is to restrain the act of urination after even a small amount of urine has passed the spincter vesicæ and entered the urethra. His theory is that during sleep the sphincter of the bladder is apt to become relaxed, so that, as the child lies horizontally in bed, a little urine passes the sphincter and enters the deep urethra. The irritation of this urine causes at once strong reflex action of the detruser, and the bladder at once emptied in a full, strong stream. It is a well-known fact that in nocturnal enuresis in children the urine does not leak away gradually, but the bladder is emptied at once, a point which is in support of this theory.

In order to prevent the passage of the urine into the urethra, when the sphincter becomes relaxed during sleep, a simple ex-

pedient is adopted, namely, the elevation of the pelvis, so that an accumulation of urine of ordinary amount in the bladder will gravitate back and extend the fundus, and not press against and tend to pass the sphincter. The elevation is secured by allowing the child only a single, small, flat pillow under the head, and placing one or two ordinary pillows under the thighs so that they lie at an angle of 130 to 150 degrees with the horizontal spine.

This simple expedient was entirely successful in curing two inveterate cases, one of a boy nine years, and one of a girl fifteen years old. It was then tried in twelve cases and was uniformly successful. It was usually necessary to continue the treatment for three weeks, after which time the children were able to return to their former sleeping position without relapsing.

HUNSBERGER, from his investigations in fifty severe cases of neuralgia treated with aconitine, claims that it is the remedy par excellence in this affection. This action, he claims, depends upon the physiological fact that aconitine diminishes reflex activity by a paralysis of both motor and sensory nerves commencing at their peripheral endings, and that this action is most marked in the sensory nerve endings. He says there is not another drug with which you can produce this action on the sensory nerve endings without pushing it to the danger point. He administers it in doses of 1-200 grain, and says he has never found it to irritate the digestive tract nor diminish the appetite. There were no symptoms showing any injurious action on the heart.

THROUGH the kindness of A. J. White & Co. we have received two bottles of laxol, which is represented as a pure, cold pressed castor oil, sweetened and flavored. It is as is claimed as pleasant as honey. It is sweet and flavored with peppermint, and it is impossible to detect the slightest trace of castor oil taste.

The Management of Hemorrhage After Tonsil Operations.

A. W. Calhoun, M.D., L.L.D., in *Atlanta Medical and Surgical Journal*.

An occasionally alarming hemorrhage after tonsil operations, with a sometimes fatal result, makes this a subject of exceeding interest to the surgeon. Such accidents should not, however, stand as obstacles in the way of performing these operations, for the necessity for operating is both frequent and urgent. Especially in children is the enlarged or hypertrophied tonsil very often met with, and the evil effects of the disease are so apparent to the medical, and even non medical observer, that it often calls for prompt action on the part of the physician. I do not intend here to enter into a discussion of the disease itself, but I would say, that within the range of surgical diseases, I do not know of any affection that so often produces a train of more distressing symptoms than a typical case of enlarged tonsils; nor do I know of any operative procedure that gives more decided or permanent relief than their removal.

The ordinary hemorrhage following the operation is of but small consequence, as, with a little patience and care, the blood soon ceases to flow of its own accord; or, if need be, a gargle of cold water suffices to arrest it in the course of a few minutes. But when there flows from the cut surface a steady stream of blood, continuing for hours, and when the frightened patient becomes each moment weaker and more nervous and more difficult to manage, then it is that the tact and nerve and skill of the surgeon display themselves to the greatest advantage. A typical case of profuse hemorrhage from an operated tonsil, uncontrolled by the ordinary remedies and means, is an experience that no doctor will willingly confront the second time. Fortunately these very severe hemorrhages rarely occur; but they *do* occur, and the operator should be prepared to contend with them at any time. This operation is chiefly necessary in children from three or four to ten or twelve years of age;

and with an experience of over three thousand tonsil operations, I have seen but few cases of alarming hemorrhage in children.

The inference, therefore, is, that young children are not very liable to dangerous hemorrhage—which, for obvious reasons, is a fortunate exemption. But it is in the adult that the great danger lies, because of the hardened tissue of the gland and the increased number and size of the blood vessels, over that of the child.

Generally the tendency to serious hemorrhage manifests itself immediately after the operation, or, at farthest, after a few hours. In one of my cases, however, secondary hemorrhage occurred five days after the operation.

There can be no objection to the trial of the various styptics, for they do in some instances arrest the flow, but they, too, often fail, and, even when successful, leave behind most unpleasant results.

The actual cautery applied directly to the bleeding surface has been recommended, but the objections to its use are so obvious that I could not suggest it. But I can confidently recommend *compression* as a remedy. Pressure directly applied to the wound is the most satisfactory of all means. Pass the forefinger, the end of which is covered a piece of moistened sponge or absorbent cotton, into the mouth and carefully over the cut surface, and with the wound between the forefinger of the one hand and the palm of the other hand placed externally, exercise a gentle but steady pressure. The hemorrhage ceases immediately, but recurs upon the removal of the pressure. It is now a matter of courage and confidence on the part of the patient, and of physical endurance on the part of the doctor. In most cases, pressure continued for ten minutes to one or two hours suffices to permanently arrest the hemorrhage, but in rare instances it must be continued through twelve to twenty-four hours. In these last cases assistance must be called in, so that the person exercising the pressure can be rested at intervals of half an hour. But I have never known this mode of checking the hemorrhage to fail, and I can unhesitatingly re-

commend it to any one having such a case.

I read a suggestion in some medical journal not long since, which I am inclined to think has some merit in it, though I have given it no trial: that is, the hypodermic injection of small doses of apomorphia, with the view of inducing nausea, which is supposed to exercise a beneficial effect in lessening the hemorrhage. It is worthy of a trial, for I know by experience that extreme nausea, bordering on fainting, or actual syncope itself, will arrest the hemorrhage. Before learning to rely so implicitly upon compression, I recall several cases in which the nausea on account of the loss of blood, fright and nervous shock become so intense as to be in itself alarming. In three cases after unsuccessfully trying every remedy at my command, and when death seemed imminent, syncope followed (in one case while lying in bed), and instantly the hemorrhage ceased, and did not recur upon reviving the patients.

But since I have learned what an infallible remedy the compression is, I have had no such bad cases as just mentioned. If the pressure is properly done, and continued long enough, a fatal result can not ensue.

Sexual Insanity and Suicide.

Medical Examiner.

Among the most grave and persistent yet urgent social problems are those of sexual immorality. They are problems of arrested or abnormal development, of disease and degeneration—physical, mental and moral. They are problems only to be solved in the light which medical science can throw upon them, and by methods which it shall suggest or approve. Two of them—the treatment of prostitution and prevention of criminal abortion—are continually claiming a large place in medical literature and in the transactions of medical societies. Yet the evils of many allied practices and tendencies, also distinctly recognized by the profession, in proportion as they are more insidious, are, perhaps, more dangerous.

The problems raised by these tendencies

in our civilization are broad and fundamental, and not to be dealt with by any narrow specialism. They must be considered from all points of view, and their analogies and connections must be followed out in every direction. One of these analogies to which we here wish to call attention, is the parallelism between the crimes of conspiracy against offspring and self-murder. The immorality of which we speak is, broadly, the attempt to destroy, to defeat, or to divert to abnormal individual gratification the instincts, powers and passions designed to perpetuate and improve the race. It is the attempt by unnatural sexual relations, by murder of offspring, or by neglect of offspring, leading to their death or degeneration, to cut short the succession of life of which the guilty individual is the present expression. It is to the family or race life exactly what suicide is to the life of the individual.

We commonly look upon suicide as the last of culminating expression, or result of a series of injurious influences, evil tendencies and abnormal living, obvious on careful examination throughout years, or through the whole life of the individual, or even beyond this, through the lives of many ancestors. It would be a gain if sexual insanity, unsoundness, were sometimes similarly regarded, if it were carefully studied as the final manifestation of causes, some of them comparatively remote. In the light of the knowledge thus to be gained says the Philadelphia *Polyclinic*, many of the proposed methods for its cure would be quickly abandoned, and the efforts of the moralists would be turned in more productive directions. Best of all, it might come to be understood that, in a sense, it is often as incapable of real cure as is accomplished suicide; that, before it is detected, the downward course has been irrevocably completed; and that really benevolent effort will find its sphere of usefulness rather in prevention.

The connection and associations between sexual abnormalities and suicide are probably as close and general as between any other distinct neuroses. Among men this holds, and among women even with greater

constancy. Indeed, the suicide of a woman, with anything approaching a normal sexual history, is extremely rare.

The tracing of this analogy is not without suggestions of hope as regards the ultimate outcome of prevalent sexual evils. At a time when they seem to be increasing, spreading and growing more virulent it is well to be reminded that they constitute a disease which is, in a sense, self-limited. As almost every suicide relieves society of one radically defective or unbalanced member, however valuable he may have been in some particular direction, so a life of sexual immorality, in the great majority of cases, brings in itself the more or less complete extinction of a tainted, defective, and therefore socially burdensome and dangerous heredity. It needs only, therefore, the prevention of the farther extension of the taint to secure an ultimate diminution of the evils.

A Contribution to the Nature, Cause, and Treatment of Suspended Animation in the New-born.

Dr. J. D. Bissell, in Medical Record.

The first case of suspended animation in which he had tried prolonged suspension occurred in a child to which he was hastily summoned at the New York Asylum for Lying-in Women, September, 1893. He arrived almost immediately, but found the child to all appearances dead. Having had some experience with suspension in chloroform asphyxia, and observing that a spark of life remained, he had the child suspended by the feet. Breathing and heart action were soon partly restored, but stopped at intervals, and it was fully twenty minutes before a voluntary movement was observed of the head or arms. The child was then placed in a horizontal position, but as it grew weaker, a pillow was arranged and its head was allowed to hang down. It was six hours before complete recovery took place. At the end of two weeks it left the hospital healthy. The cause of the trouble

was unknown.

Not long afterward he had an opportunity to try this method in suspended animation in the new-born. The foetal heart action had been strong, but before the end of labor there was marked loss of blood, the heart action became weak or ceased. Extraction was hastily performed. The child was pale there was general complete muscular relaxation, no apparent heart or respiratory action. The inverted position had to be persisted in in this case for two hours. At first very weak gasps set in; after the first hour they became a little deeper, and finally regular. The child was feeble, but showed excellent health by the twenty-first day.

The third case was also one of suspended animation in the new-born, the first gasp occurring three minutes after delivery, being followed immediately by flow of mucus from the mouth. The next fifteen minutes there were five or six breaths. At the end of an hour and twenty minutes after suspension was begun the lungs and heart were found acting normally. The peculiar feature of this case was the succession of rapid breathing for fifteen or twenty minutes, and intervals of two or three minutes without breathing.

Dr. Bissell had attended four other cases in which there was suspended animation of the new-born, and resuscitated them in a similar manner. As soon as delivery was completed the child was held up by the feet, mucus was cleared from the mouth or throat by a cotton swab, the child was wrapped in a warm blanket, the cord was severed if there was no pulse; the child was taken near a stove and the inverted position was maintained until resuscitation had taken place. Of other methods the best were those of Schultze and Dew. He thought there was some danger in the manipulations of Schultze's method, and as to inflation of the lung, death was apt to result from too much force, besides air was likely to be driven into the stomach as well as into the lungs. Other methods were mentioned.

Suspended animation in the new-born might be due to impairment of the umbilical circulation from pressure upon the cord,

entanglement of the cord upon itself or around the child, to loss of blood, or to shock following injuries. It might be of apoplectic, cyanotic, or anæmic form. In either case the circulation demanded primary consideration, and it was through improvement of this that we must look for awakened activity of the nerves covering respiration. Life could be sustained several minutes after birth without respiration through the lungs, provided the heart action was kept up. The latter might be too feeble to be recognized, constituting suspended animation, not actual death, in which case the heart would be enabled to work with greatest advantage by placing the child in the inverted position. Each inspiration increased the amount of oxygen in the system until the function of respiration was fully established. The suspended position also favored expulsion of mucus. The method could be used in combination with others, but Dr. Bissell had practised it alone in order to give it a fair test.

He Didn't Move.

Charles H. Thornton, superintendent of a giant powder mill, advertised yesterday for a "man with a good nerve, to handle dynamite." To-day a stalwart Irishman called at the mills and asked to see the superintendent. He was directed to Mr. Thornton, who asked him if he thought he had nerve enough to carry dynamite in his arms from the factory to the storehouse, a distance of about one hundred yards. The man thought he had.

Mr. Thornton said that he would engage him, but would first test his nerve. He reached up to a shelf and took therefrom what seemed to be a stick of dynamite. Warning the Irishman that if the stick came down to the ground they would both be blown to atoms, he tossed it into the air. As it came down he pretended to catch it, but "muffed" it and then caught it before it touched the ground. He glanced at the Irishman, who was pale but had not stirred from his position.

"Were you scared?" Mr. Thornton said. "Did you move?"

"No, sor, but me bowels did," was the reply in a subdued whisper.

For Gonorrhœa--Second Stage.

Wm. R. Lowman, in Medical Summary.

An excellent—in fact a beautiful—emulsion for gonorrhœa in the second stage, is the following:

R
Balsam copaiba..... $\bar{3}$ j
Milk of magnesia (Phillips')... $\bar{3}$ ijj
Aq. camph.....ad $\bar{5}$ vijj
Ft. emulsio.

Sig.—Teaspoonful four times daily.

LORANEHET writes very enthusiastically of his success in twenty-one cases of typhoid fever. He claims amelioration of severe symptoms, and apparent lessening of the toxic symptoms of the disease. The tongue remained moist and rose colored, and there was marked absence of tympanites. Often the pulse rate was low in proportion to the temperature. He used a teaspoonful of Van Swieten's solution, diluted in a glass of water, and the whole to be taken in four doses within twenty-four hours. All of the cases recovered.

DR. TIMMERMAN reports a case of tetanus cured with antitoxin. Tetanus first appeared seventeen days after a severe burn. The spasms were controlled for six days with sulph. physostigma and morphine and chloral. There was finally apparent fixation of the muscles of respiration and the first dose of antitoxin (25 c.c.) was injected. This dose was repeated on the same day. The next day 10 c.c., and six days later two doses of 10 and 15 c.c. were given, after which he depended on chloral, and the patient recovered.

Laxol.

Washington, Cal.: Have used Laxol, and am much pleased with same. I had the curiosity to make a chemical examination of your product and find it to be a pure castor oil. On the whole, believe you deserve congratulations on the beauty and palatability of your product.—EDWARD H. SAMUELS, M.D., late assistant police surgeon, San Francisco, and instructor in chemistry, University of California, Department of Pharmacy.

DR. T. E. ORTEL relates in the *Medico-Surgical Bulletin* his personal experience with a 15 grain dose of cannabis indica. The sensations and hallucinations which he describes indicate some very peculiar influence upon the mind. He concludes that the condition produced by Hashish is not unlike the state of hypnotism, and that the effects of this drug may be applied for the cure of those diseases in which hypnotic suggestion has been found of benefit. By experiments upon others he found that they were, when under the influence of Hashish, subject to his suggestion.

THE first number of the *Eye, Ear, Nose and Throat Clinic*, of Kansas City, has reached us. It is, as its name indicates, a journal for the specialist. In addition to the subjects suggested by its name, it will have a department devoted to neurology. The first number contains several original articles. Drs. Tiffany and Logan are the editors.

WANTED.—A set of Reference Hand Book. Any one having a set and wishing to dispose of it, address this office.

Great Success in England.

J. A. De C. Williams, A.M., M.B., L.E.R.C.P.I., Killucan county, West Meath, England, writes:

"I have much pleasure in informing you that I have obtained more than the average success met with in drugs when I used Pil. Aphrodisiaca (Lilly), more especially in cases of nervous prostration and sexual debility, patients often wishing to continue the pills after cure, they are so pleased with their effectiveness."

THE appearance of herpes on the lips during acute meningitis is a sign that the disease is non-tuberculous, but it is not always indicative of certain recovery, as it is of pneumonia and some other affections.

DR. FREMONT, of Vichy, has concluded from experiments on dogs that bicarbonate of soda increases the flow of gastric juice while subnitrate of bismuth decreases all the secretions.

DR. H. J. COON, in the *Medical World*, claims that muriate of ammonia is a specific for epilepsy. He gives in large doses frequently repeated till the system is saturated with it.

OTERI recommends injections of cream of tartar in gonorrhoea. He says it subdues inflammation, arrests discharge and is antiseptic.

In bronchitis and chronic coughs fl. ex. chekan in half dram doses is said to be an excellent remedy.